

# PETITION FOR CHANGE OF PHYSICIAN

Employee Name and Address:   Telephone Number:  Social Security Number:	Employer Name and Address:
Current Physician and Address:	Surety Name and Address (if known):
Requested Physician and Address:	Additional Information or Documentation Attached (Circle One):  <div style="display: flex; justify-content: space-around;"> <span>No</span> <span>Yes</span> </div>

Date of Injury/Disease:

General Information:

Medical Treatment to Date:

Reason for Change:

Hearing Date/Time Availability Next 30 Days:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

ORIGINAL TO EMPLOYER OR SURETY

Copy to Idaho Industrial Commission, 317 Main St., PO Box 83720,  
Boise, ID 83720-0041, or fax to 208-332-7558.

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused to be served the Original Petition for Change of Physician upon either the following Employer or its Surety:

EMPLOYER'S NAME AND ADDRESS

SURETY'S NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

via:

☐ Personal Service of Process

☐ Personal Service of Process

via:

☐ Regular U. S. Mail

☐ Regular U.S. Mail

I also hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused to be served a true and correct copy of the foregoing Petition for Change of Physician upon:

Idaho Industrial Commission  
317 Main Street  
Post Office Box 83720  
Boise, Idaho 83720-0041

via: ☐ Personal Service of Process

☐ Regular U. S. Mail

☐ Faxed to 208-332-7558

\_\_\_\_\_  
Signature

## RESPONSE TO PETITION FOR CHANGE OF PHYSICIAN

Employer Name and Address:	Surety Name and Address:
Telephone Number:	Telephone Number:
Employee Name and Address:	Additional Documentation to Support Decision (circle one):  No                      Yes

Response to petition (circle one):    Approved                      Denied

Reasons for Denial:

Hearing Dates/Times Availability Next 14 Days:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Original to Idaho Industrial Commission, 317 Main St., PO Box 83720, Boise, ID 83720-0041, or faxed to the Commission at 208-332-7558.

Copy to Employee.



**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, I caused to be served the Original Response to Petition  
for Change of Physician upon:

Idaho Industrial Commission  
317 Main Street  
Post Office Box 83720  
Boise, Idaho 83720-0041

via:           (    )   Personal Service of Process  
  
              (    )   Regular U. S. Mail  
  
              (    )   Faxed to 208-332-7558

I also hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, I caused to be served a true and correct copy of the  
foregoing Response to Petition for Change of Physician upon:

**CLAIMANT'S NAME AND ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

via:           (    )   Personal Service of Process  
  
              (    )   Regular U. S. Mail

\_\_\_\_\_  
Signature